

This form is required in accorda					one form for ea	ach bus route that		
			ortees of another legal entity may utilize the services.			Rate Per Mile		
Due Date All Routes	To County Supt October 1		To OPI October 15	:	\$1.15			
County Name		County Number	District	Name		Legal Entity Number		
Fallon		13	Baker	K-12 Schools		0244		
Route #	Length of Ro	ute (miles per day)		Service Bus Route Mileage		Rated Capacity		
2	158.2		Bus R	□ Non Bus Mile oute Mileage	age	53		
Vehicle I.D. #	License	#	<u> </u>			Owned		
8829	169			ct - If so, Name of Owner State of rate per mile	Spartan Bus	Line LLC		
Reimbursement Distribution- Er	nter the legal er				aid to each dis	trict. Note: Percentages		
Legal Entity 0244	Legal E		must match budget! tity Legal Entit		Legal Entity	ity		
% 100.00	%		%		%			
PASSENGER INFORMATION	Т		De	HIGH COLLOOL D	DEDC	TOTAL		
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	KS	HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/liriders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees	·				Date			
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.								
Signature - Chair, County Transport	ation Committee				Date			



1 copy State Supt. 1 copy County Supt. 1 copy School District

Linda McCulloch, Superintendent

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$0.95 County Name County Number District Name Legal Entity Number Fallon Baker K-12 Schools 0244 Type of Service □ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 150 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Spartan Bus Line LLC 9768 170 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0244 100.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER NUMBER** a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

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bus operates on the route as approved by and within the transportation service area assigned by the County Trans	sportation Committee.
Signature - Chair, Board of Trustees	Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

area assigned to it by the County Transportation Committee.		•
Signature - Chair, County Transportation Committee	Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 \$0.95 All Routes October 1 Legal Entity Number County Name County Number District Name Fallon Baker K-12 Schools 0244 Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity Route # □ Non Bus Mileage 140.8 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Spartan Bus Line LLC 4690 167 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0244 100.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



receives state reimbursement e	ven though tra	ansportees of another lega	ortees of another legal entity may utilize the services. To County Supt October 1 October 1			Rate Per Mile		
Due Date All Routes						\$1.36		
County Name		County Number	District Na	me		Legal Entity Number		
Fallon		13	Plevna k	K-12 Schools		0256		
Route #	Length of R	oute (miles per day)	(miles per day) Type of Service ☐ Bus Route			Rated Capacity		
1 South	138		□ Non Bus Mileage Bus Route Mileage			60		
Vehicle I.D. #	Licens	e#	□ District Owned District □ Contract - If so, Name of Owner			ed		
9362	43		☐ Contracted rate per mile					
Reimbursement Distribution- Er	nter the legal e		age of state/count match budget!	ty reimbursement to be	paid to each dis	trict. Note: Percentages		
Legal Entity 0256	Legal					Legal Entity		
0250								
% 100.00	%		%		%	%		
PASSENGER INFORMATION		ELEMENTA DV. DU	DEDC	LIICH CCHOOL F	NDEDC	TOTAL		
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RI (Grades PK-8		HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/liriders)	Kindergarten			-				
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)	lance							
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		n Committee Approval a						
This Application for Registration area assigned to it by the Coun			ent has been revie	ewed and I certify that th	is bus operates	within the transportation		
Signature - Chair, County Transport	ation Committee				Date			



				Chapter 10, Part 1, MCA					one form for ea	ach bus route that	
receives state reimbursement even though transportee Due Dates:			, ,			rvices. To OPI		Rate Per Mile			
	All Routes	•			ber		•	October 15		\$1.36	
County Name				County Number		District	Name			Legal Entity Number	
Fallon				13			a K-12 S			0256	
Route #		Length of F	Route	(miles per day)	Type of Servi		Service □ Bus Route Mileage □ Non Bus Mileage		Rated Capacity		
2 North		127.5			Bus Route Mileage			eage		60	
Vehicle I.D. #		Licens	se#	□ District Owned Distri □ Contract - If so, Name of Owner			District Own	ed			
0979		75		□ Contracted rate per mile							
Reimbursement D	istribution- Ent	er the legal	entity	number and percentage must m				ursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity 0256		Legal	Entity			Legal E			у		
									_		
% 100.00		%				%			%	%	
PASSENGER INF	ORMATION			ELEMENTARY RIDE	-DC		1 111	IGH SCHOOL RI	DEDC	TOTAL	
Number of Prescheriding this route	ool/Kindergarte	en pupils		(Grades PK-8)	_NO			(Grades 9-12		ELIGIBLE RIDERS	
				а		b			C		
Regular (include eligi	ible Preschool/Ki	indergarten		NUMBER				NUMBER		a + b	
riders) 1st Wheelchair (WC)											
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)											
Non-WC IEP Lists Trans as Related Service											
TOTAL ELIGIBLE	RIDERS										
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance											
agreement) (Include ineligible Preschool/Kindergarten riders)											
Nonpublic School Ric	ders (ineligible)										
TOTAL RIDERS											
County Transportatio We agree to supe required; to provide a	n Committee. Wrvision of this buavehicle which m	Ve further cert is and bus rou neets the mini	ify that ite by t mum s	the route established by the this bus transports pupils on the State Superintendent; to standards as established by approved driver to operate s	eligibl o mak / the E	le for sch ke such r Board of	nool transport eports to the Public Educa	tation as defined by State Superintende ation, the Montana	20-10-101, MC ent and County S	A. Superintendent as are	
We also agree to	refrain from solic	iting or causi	ng othe	ers to solicit students from o	other t	transpor	tation areas.		olding of state ar	nd county reimbursement for	
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	oplication for re									edge and belief, and the	
bus operates on the route as approved by and with Signature - Chair, Board of Trustees			nin the transportation se	ervice	e area a	ssigned by the County Transportation Committee. Date		nmittee.			
					_						
This Application fo				mmittee Approval as a distate Reimbursement						A. within the transportation	
area assigned to it				Committee.				*	Date		
orginature - Orian, CO	runty manaponal	aon committe							Date		



This form is required in accorda receives state reimbursement e			•		•			
Due Dates: All Routes				ounty Supt ber 1	To OPI October 15		Rate Per Mile \$1.15	
County Name			County Number	District	Name		Legal Entity Number	
Fallon			13	Plevna	a K-12 Schools		0256	
Route #	Length of	of Route ((miles per day)	Type of	Service Bus Route Mil Non Bus Milea	•	Rated Capacity	
3 West	115			Bus R	oute Mileage	59		
Vehicle I.D. #	Lic	cense #		 □ District Owned □ Contract - If so, Name of Owner 				
3230	13	35						
Reimbursement Distribution- Er	nter the le	gal entity		e of state/co atch budget		aid to each dis	trict. Note: Percentages	
Legal Entity	Le	egal Entity			Legal Entity		Legal Entity	
0256								
% 100.00		%		%		%		
PASSENGER INFORMATION			ELEMENTA DV DIDE		LIIOLI OOLIOOL BI	DEDO	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils	5	ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/k riders)	Kindergarte	en	NONDER		NOWIDER		u · b	
1st Wheelchair (WC)								
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area assigned to it by the Count Signature - Chair, County Transport			ommittee.			Date		
_ , , , , , , , , , , , , , , , , , , ,								